

Chapter 13 Plan Form, Revised 10/24/2005

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

CASE NO. _____

Debtor John Osker Ingrum SS# xxx-xx-4550 Current Monthly Income \$ 8,333.00
 Joint Debtor SS# Current Monthly Income \$ 2,000.00
 Address 160 Moody Road Forest, MS 39074-0000 No. of Dependents 2
 Telephone No. _____ TAX REFUNDS AND EIC FOR DISTRIBUTION: _____

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$ 6,141.00 per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

Loving Acres Farm
160 Moody Road
Forest, MS 39074

(B) Joint Debtor shall pay \$ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ 0.00 @ \$ 0.00 /mo
 State Tax Commission \$ 0.00 @ \$ 0.00 /mo Other \$ 0.00 @ \$ 0.00 /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:

-NONE-

beginning in the amount of \$ per month shall be paid:
 _____ direct _____ through payroll deduction _____ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:

-NONE-

in the amount of \$ shall be paid \$ per month:
 _____ through payroll deduction _____ through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: -NONE- BEGINNING _____ @ \$ _____ PLAN DIRECT
 MTG ARREARS TO: -NONE- THROUGH _____ \$ _____ @ \$ _____ /MO*
 (*Including interest at %)

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1326(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
Commty Bk Ms		<u>154,727.32</u>	<u>0.00</u>	<u>7.00</u> %	<u>183,816.00</u>	<u>3064.00</u>
Commty Bk Ms		<u>55,069.00</u>	<u>0.00</u>	<u>7.00</u> %	<u>65,422.00</u>	<u>1090.00</u>

Debtor's Initials JL Joint Debtor's Initials _____
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Best Case Bankruptcy

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
-NONE-			

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: -NONE-

UNSECURED DEBTS totaling approximately \$ 79,640.48 are to be paid in deferred payments to creditors that have filed claims that are not disallowed: IN FULL or 100 % (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ <u>2,800.00</u>	Pay administrative costs and debtor's attorney fees
Attorney Fees Previously Paid \$ <u>400.00</u>	Pursuant to Court Order and/or local rules.
Attorney fees to be paid through the plan \$ <u>2400.00</u>	

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone # / Email)

Tylvester Goss

1441 Lakeover Road
Jackson, MS 39213

Telephone/Fax _____

Telephone/Fax 601-981-2800/601-981-7979

E-mail Address _____

DATE: June 8, 2010

DEBTOR'S SIGNATURE
JOINT DEBTOR'S SIGNATURE
ATTORNEY'S SIGNATURE